Name (print or type) Pick up Address:

Telephone Number: (

Order Placed By:

Type of Process which Produced Wastes:

Check type of wastes:

Other (Specify)_

organics (list), cyanide)

Hazardous Properties of Waste:

Components:

Bulk Volume

Containers:

Physical State:

PRODUCER OF WASTE (Must be filled by producer)

DESCRIPTION OF WASTE (Must be filled by producer)

1. Acid solution

3. Pesticides 4. Paint sludge

5. Solvent

(Examples: Hydrochloric acid, lime, caustic soda,

none

Ttoxic

phenolics, solvents (list), metals (list),

2. Alkaline solution

6. Tetraethyl lead sludge

7. Chemical toilet wastes

(Street)

(City)

(Examples: metal plating, equipment cleaning, oil drilling -- Code No. wastewater treatment, pickling bath, petroleum refining)

Date:

9. 🗷 -011 10. Drilling mud

Corresive

barrels (42 gal)

Sludge

8. Tank bottom sediment

12. Cannery waste

14. Draud and water 15. | Brine

Concentration:

13. | Latex waste

11. Contaminated soil and sand

__explosive

(specify)

other (specify)

P.O. or Contract No. :

ORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOU STATE DEPARTM

RCES CONTROL BOARD		
SENT OF HEALTH	SFU	ND RECORDS CTR
HAULER OF WASTE (Must be filled by hauler)		999000446
Name (print or type): All AMERICAN OIL COMP	PANY	
Business Address: 8655 So. Main Street, Los /	Angeles	9000°3°de No.
Telephone Number: (213) 759-6145 Pick Up: (Date)	(City)	
State Liquid Waste Hauler's Registration No. (if applicable):		
Job No. 2 No. of Loads or Trips:	Unit No	<i>ff</i> :
Vehicle: Swacuum truck Zoerrels, Dflatbed,	other 1	
The described waste was hauled by me to the disposa facility named below and was accepted.	1	(specify) منت
I certify (or declare) under penalty of perjury that the foregoing is true	1	•
and correct.	Mus	en
DISPOSER OF WASTE (Must be filled by disposer)		agent and title
Name (print or type): OPER ATING, IN (1)	16185	
Site Address: 2324 GAFFE A MONTE	rest /	Code No.
The hauler above delivered the described waste to t it was an acceptable material under the terms of RW Department of Health regulations, and local restrict	QCB require	l facility and ments, State
Quantity measured at site (if applicable):	State fee	(if any):
Handling Method(s):		
recovery		
treatment (specify):		
treatment (specify): (Examples: incineration, neotralisat disposal (specify): pond spreading landfill other (specify):	ion, precipit	
If waste is held for disposal algewhere specify final location	ρ:	Code No.
Disposal Date:		1
I certify (or declare) under penalty of perjury that the foregoing is true and correct.	robert	// ~~
Signature of	authorized	agent and title
The site operator shall submit a legible copy of ea State Department of Health with monthly fee reports	ch complete	d Record to the
P7		
	Noxe.	₃ 40

NO

2291

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)/

Solid Sliquid

flamable

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Special Handling Instructions (if any):

Signature of authorized agent

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name